FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Daytime Phone # 0037405

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 **DOCUMENT #**

(2)

| TOWN CENTER CLUB AUTHORITY, INC. | | | | | | 105410101011544015444444 | . | i 8410 Dilin D | |
|--|--|---|--|------------------------------|---------------------------|---|------------------------------|---------------------------|-----------------------------|
| Principal Place | of Business | Mailing Address | | | | | | | 1811 9 1811 1881 |
| 16690 SADDLE FT.LAUDERDALE | | 16690 SADDLE CL FT.LAUDERDALE F | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 04/04/1984 | 3a. Date | e of Last R 05/01/19 | eport 96 |
| | ace of Business | 2a. Mailing Addre | iss . | | | 4. FEI Number | | Ar | plied For |
| 21 | | 26 | - | | | 59-2385997 | | | ot Applicable |
| Suite, Apt. #, etc Suite, Apt. #, etc. 27 | | | 91C. | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & State |) | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | ··· | | | Trust Fund Contribution | | | to Fees |
| $Z_{i}p$ | Country | Zip | ļŋ | Country | | 8. This corporation has liability for | | | . 199.032, |
| 24 | 9. Name and Address of Current | 29 | 30 | | | Florida Statutes 10. Name and Address of New F | Yes L | | |
| | 9. Name and Address of Current | Magistereo Agent | | 81 | Name | 10. Name and Address of New P | iofistolog V | yen | |
| CCDDCO | WITZ DODEDY | | | | | | | | |
| FEDDERWITZ, ROBERT 16890 SADDLE CLUB RD. | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| | DERDALE FL 33326 | | | 83 | | | | | |
| TT. DAVI | SEMBACE I E OOGEO | | | | 0.1 | | | Taul 7:- | 0-4- |
| | | | | 84 | City | | FL | | Code |
| Pursuant to office or reagent. Lar | o the provisions of Sections 617.0502 egistered agent, or both, in the State in familiar with, and accept the obliga | Pand 617,1508, Florid of Florida. Such chan tions of, Section 617.0 | a Statutes, the Je was author 503, Florida S | above ized by Statutes | e-named or the corp s. | corporation submits this statement for the poration's board of directors. I hereby accoration's | purpose of o ept the appo | changing it intment as | is registered registered |
| SIGNATURE | Signature, typed or printed name of regis ered ager | and the United by | JNOTE: Double | harried harr | est Alexandra | required when reinstating) | DATE | | |
| 12. | OFFICERS AND | | | 3, | int signature i | ADDITIONS/CHANGES TO OFF | | DIRECTOR | RS IN 12 |
| TITLE | Р | ⊠ DE | | 1 TITLE | T | PRES | | Change | X Addition |
| NAME | MURRAY, CHERMAK | • | 1. | .2 NAME | - | JERRY POZEN | a | | |
| STREET ADDRESS | 16661 WATERS EDGE DRIVE | | 1. | .3 STREET | ADDRESS | 693 RACQUET CAU | BKP | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | | 4 CITY-S | T-ZIP | FT LANDERDALE FI | . 33 | 396 | |
| TITLE | D | ☐ DE | 8 | 1 TITLE | - | | 1 | ☐ Change | Addition |
| NAME | DILORETO, NINO | | | 2 NAME | | | | | |
| STREET ADDRESS | 16790 HARBOR COURT FT LAUDERDALE FL | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | S S | DE DE | | 4 CITY-S | | SEC | | Change | Addition |
| NAME | CITRON, MARILYN | ,,, | | 2 NAME | Ĭ | TRACY REICHANADTE 318 LACCETA WAY | R. | EM SHANGO | |
| STREET ADDRESS | 16131 LAUREL DR | | | | ADDRESS | 218 LACCETA WAY | r | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | • | 4. CiTY-S | ST-ZIP | FT LANDERDALE FL | 23390 | - | |
| TITLE | D | DE | | 1 TITLE | - | 20 c 2 | Ŧ | Change | Addition |
| NAME | REICHANADTER, TRACEY | | | . 2 NAME | - 1 | MARSHALL FRIEDIM 368 IVY LANE | | | |
| STREET ADDRESS | 228 LA COSTA WAY | | | | | · | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | X 155 | | 4 CITY-S | T-ZIP | FT LAUDERDALE FL | 33326 | | S 4 4200 |
| TITLE | D DANAGE DANAGE | ∑ DE | - 1 | 1 TITLE | } | FRY PULLMAN | | Change | Addition |
| NAME CTOCCT ADDOCCS | LEEKOFF, DAVID 542 VILLAGE LAKE DRIVE | | | .2 NAME | | 16671 WATERS EDGE | 319 | | |
| STREET ADDRESS | FT LAUDERDALE FL | | | | | | 33326 | e e | |
| CITY - ST - ZIP TITLE | A . | □ D€ | | .4 CITY-S .1 TITLE | 11 - 215 | C) ANDERVILLE PL | | Change | Addition |
| NAME | MAISON, GREG | | | 2 NAME | ł | | • | | Printer or annual |
| STREET ADDRESS | 16670 WATERS EDGE DR | | | | ADDRESS | : | | | |
| CITY - ST - ZIP | FT LAUDERDALE FL | | | 4 CITY-S | 1 | | | | |
| 14. I do hereb | by certify that the information supplied | with this filing does r | ot qualify for t | the exe | mption st | tated in Section 119.07(3)(i), Florida Statu | tes. I further | certify that | the |
| l am an ol appears i | flicer or director of the corporation or n Block 12 or Block 13 if changed, or | the receiver or trustee an attachment | empowered to an address. | to exec | ute this re | that my signature shall have the same to eport as required by Chapter 617, Florida | Statutes; an | d that my i | name |